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The Hampden Hippocrat

MEMBER MEDICAL SOCIETY MAGAZINE GROUP

A Bulletin for the Hampden District of the Massachusetts Medical Society

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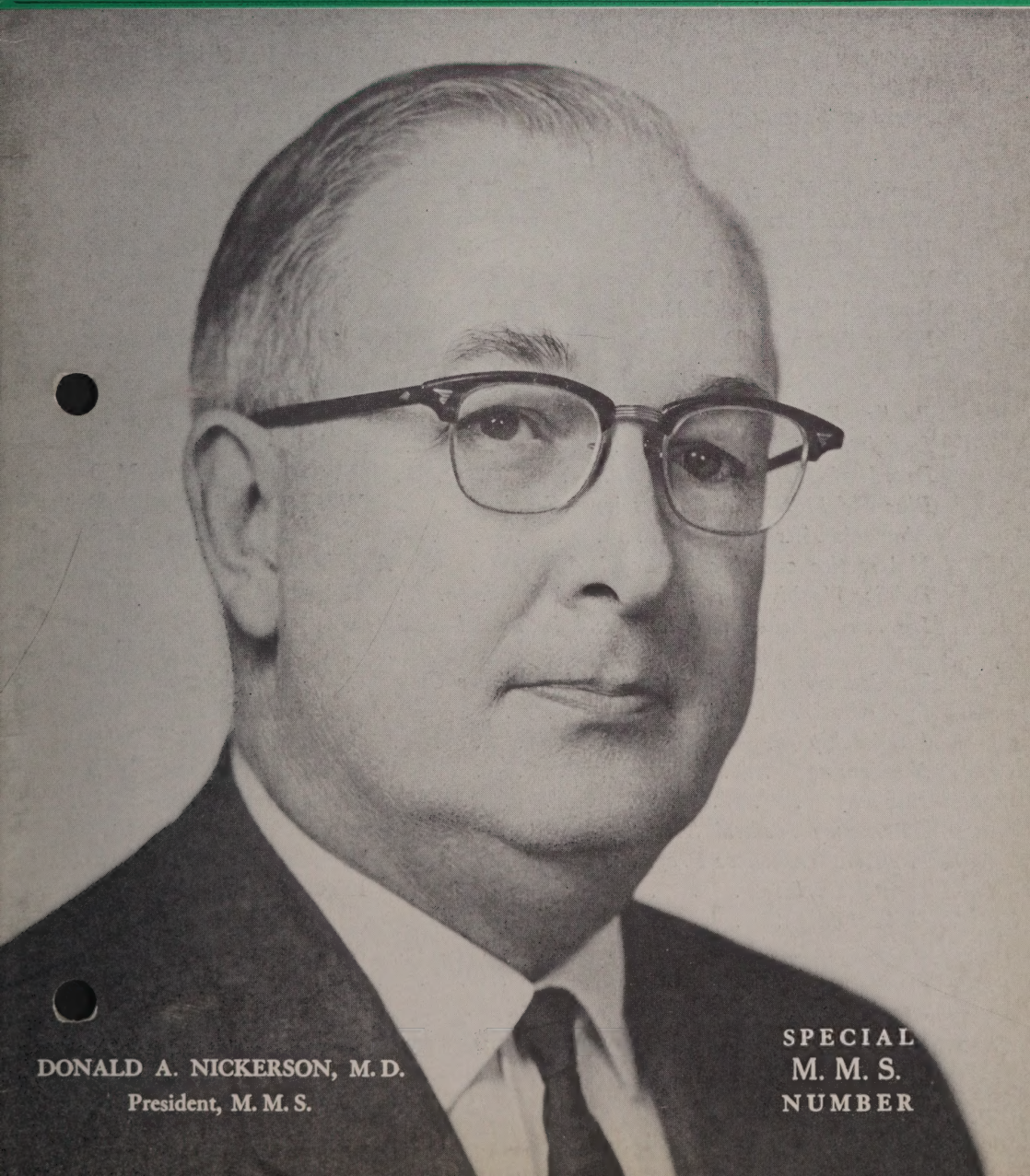

DONALD A. NICKERSON, M.D.
President, M. M. S.

SPECIAL
M. M. S.
NUMBER

Hampden District Medical Society

1414 STATE STREET — SPRINGFIELD, MASS. 01109

Telephone: 736-0661

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The Hampden Hippocrat

"Life is short and art is long, the occasion fleeting, experience fallacious and judgment difficult."
Hippocrates

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A MESSAGE TO HAMPDEN

from

DONALD A. NICKERSON, M.D.
PRESIDENT, MASS. MEDICAL SOCIETY

In the preliminary draft of "A Report to the President on Medical Care Prices" conducted by the United States Department of Health, Education and Welfare, the Labor Department, and the President's Council of Economic Advisors; the report states that "the price of medical care is rising faster than in the past and faster than other services".

In addition to working hardships on the consumer of medical services, these rapidly rising costs also increase the cost to the taxpayer for government medical programs. As a result, the report recommends to the President that the Federal Government:

1. institute area wide planning for comprehensive services,
2. improve the internal efficiency of hospitals and other providers of health services,
3. increase the supply and improve the utilization of health manpower,

4. offer aid in the development of model medical care systems at the local level, and

5. recommend that states make legislative provision for a system of area planning bodies with the power to effect the distribution and rate of expansion or retraction of health facilities in the community.

Organized Medicine's Reaction

How are state medical societies reacting? I would like to quote from a report of the Board of Directors of the Dallas, Texas, County Medical Society authorizing the establishment of a health services commission under the auspices of the Society. "It is suggested", the report states, "that the medical society address itself to an assessment of the responsibilities of modern medicine in modern society and arrive at a determination of the role it wishes to play". The medical society "should decide whether it should assume the responsibility of resolving the problems of medical care in medicine and in society by strengthening order, direction and leadership within the dimensions of free enterprises systems or whether through disinterest, disunion, procrastination, or failure to perform it will bring about government regulations and control by its own fault".

A new climate is rapidly developing in society, economics, and government. As citizens, we are interested in and affected by every factor in this new climate. As physicians, our efforts must be focused on the effect the climatic change will have on the practice of medicine and the delivery of health care. This new climate will change long accepted traditions and practices. Community wide planning for the health care of all citizens is now a recognized obligation. Who shall meet it? The leadership will rest upon those most willing to do it, not necessarily those best qualified.

Physicians and their medical societies at local, state and national levels increasingly must accept the responsibility of encouraging and initiating plans for comprehensive community services. Where they do not, they will find others doing the planning and implementation of programs to their disadvantage once they start living with them.

Developments in New England

To carry out the purposes expressed by Congress in Public Law #89-239, discussions have been taking place in Massachusetts, New Hampshire and Rhode Island between organizations and institutions in these three states concerned with medical education. Included in this group are the governors of the several states, the health department, medical societies, and voluntary

health agencies. From these discussions has come the formation of a non-profit membership corporation — the Medical Care and Educational Foundation, Inc. — to accomplish these purposes.

This agency was organized in the state of New Hampshire on the 29th of September, 1966. Its purposes are: (1) to improve and advance the practice, knowledge, and teaching of medicine; (2) to assist in the advance of medical research and education; (3) to encourage and assist in the establishment of regional cooperative arrangements amongst medical schools, research institutions and hospitals in the three states; (4) to work with the other New England states in planning research, training and education, particularly, in the area of patient care relating to heart disease, cancer, stroke and related disease; (5) to afford the physicians and hospitals of the three states and the adjoining states through cooperative arrangements the opportunity of making available to their patients most recent advances in diagnosis and treatment of the diseases mentioned above; and (6) to improve the health, manpower and facilities available in the New England states again through cooperation with physicians, hospital administrators, medical center officials and representatives of health agencies. Planning grants have been applied for and have been given to carry this project through a two-year period. With the expectation that after the planning phase has been completed, operational grants will then be made available to implement the program.

Our Reaction

In Massachusetts, I have appointed a new committee of the Massachusetts Medical Society which is to be known as the Committee on Area Health Services. Doctor John Butts of Worcester has accepted the position of Chairman. Included on the Committee is at least one physician who is a member of the Advisory Committee that regularly meets with the Medical Care and Educational Foundation, Inc. to provide for liaison and communications between the tristate regional program and programs at the state, district, or area level. Our Committee must of necessity also work the Commissioner of Health, Commissioner of Welfare, the Division of Hospital Licensing, the Massachusetts Hospital Association, the State Nursing Association, local educatonal groups, and the various voluntary and governmental health agencies.

As you read this message, I trust that you will give it your very sober and serious consideration and will assist the state committee and local planning committees in this enormous and most important endeavor when called upon.

#

MMS COUNCIL MEETING HIGHLIGHTS

The annual meeting of the Council of the MMS was held in Boston, on May 15, 1967. The following Councilors represented Hampden District: Drs. Arenstam, Ayres, Baker, Bloom, Callan, Franseen, Johnson, Kelly, LaMarche, Maher, Millman, Mills, Miner, Potsubay, Reilly, Simpson, Susat, and Tillman.

The meeting was called to order at 10:25 A.M. by the President, Dr. William Warren Babson. After the minutes of the previous meeting were accepted, Dr. Babson announced two interim committee appointments.

A portrait of Dr. Augustus Holyoke, first President of the MMS, was presented to the Society by one of his descendents.

The President of the Woman's Auxiliary presented her annual report of the accomplishments of the Auxiliary. Following which the new President, Mrs. John F. Dias, was introduced.

Several fifty year members of the MMS were then introduced, including Dr. William J. Dillon, Hampden.

At the last meeting, two legal questions were raised. Dr. Babson announced the answers to these questions. It was determined firstly, that it was not legal for the Welfare Department to pay patients directly. In answer to the second question, it was determined that it was legal for physicians to collect from welfare patients, but that there was no way for the patient to be reimburesd.

The Executive Committee report included a recommendation in regard to the sales tax on x-ray films. The following resolution was voted upon and passed. "The MMS calls attention to the inconsistency regarding x-rays of the teeth as part of a therapeutic procedure (treatment), and x-rays of other body structures as not being part of a therapeutic procedure, and urges that all x-ray film to be used for medical purposes be exempt from the sales tax."

The Secretary reported that members of the Brookline Hospital had asked for action to protect members of their staff against any decision that might be made by their Utilization Committee. The questions were referred to the Judicial Council of the AMA, which delivered a reassuring legal opinion.

Dr. Bradley, President of the Connecticut Medical Society was introduced at that point, and discussed some of the activities of our neighboring society. He indicated that usual and customary charges for purposes of Title XIX were worth fighting for. He also announced that the new medical school in Conn. was to be opened in September, 1968. He reported on an educational session by the Connecticut Medical Society for legislators in regard to Title XIX. He also reported on the value of COMPAC (analogous to our BAYPAC) meeting with legislators.

Dr. Overholt introduced a resolution in regard to smoking. He suggested that 1/3 million premature deaths were due to smoking, and urged the MMS to recommend that the cigarette tax be substantially increased as a public health measure, and that our influence be used to educate the public in regard to the health hazard

(More on Page 6)

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By The

Hampden District Medical Society

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of smoking. Action on the motion was deferred for new business.

A resolution from Middlesex East District recommending that the service benefit concept be eliminated from all Blue Shield contracts. The Executive Committee referred this resolution to a sub-committee for study. A majority report recommended defeat of this motion while a minority report recommended approval. Both reports agreed that Plan B was considerably out of date and that the present trend is to usual and customary fees. However, the majority report felt that it would not be politically expedient to pass this resolution at this time. The minority report urged passage since Plan B goes back to 1950, and it took 25 years to phase out Plan A. They suggested that if the sub-standard fee of Plan B is accepted for Title XIX, then the same schedule will apply to Title XVIII. There was a very extensive discussion on this issue. Finally, Dr. Scarcello introduced the following substitute resolution: "Resolved that the MMS go on record as favoring the concept of usual and customary fees and that the present system of service benefits in the present contract be phased out by January 1, 1970." This resolution was carried.

Dr. Holland indicated that the Legislative Committee supported twenty-four bills pending before the State Legislature and opposed twenty-seven bills. On a national level, he indicated that changes in Medicare and Medicaid were being studied. He also reported that proposals for an increase in Social Security benefits and increased Social Security taxes were also under consideration.

The following slate of officers were presented by the Nominating Committee: President-Elect, John W. Norcross; Vice-President, Jacob H. Fine; Secretary, Thomas Gephart; Treasurer, Eliot Hubbard, Jr.; Assistant Treasurer, Charles G. Shedd; Orator, Lamar Soutter. For delegates to the American Medical Association (January 1, 1968 to December 31, 1969) John B. Butts, Urban H. Eversole, Donald R. Hayes, the latter from Hampden. As alternate delegates for the same period, the following were nominated: H. Thomas Ballantine, John W. Norcross, Nicholas S. Scarcello. There were additional nominations from the floor for Secretary. These were: Dr. Robert W. Buck, the incumbent Secretary, and Dr. Robert M. Holland. By secret ballot, Dr. Thomas Gephart was elected Secretary and the other nominees of the Nominating Committee were elected by voice vote. Immediately after the election, Dr. Nickerson moved that the officers of MMS be authorized to negotiate with Dr. Buck, the present Secretary, to act as a consultant for an agreed period of time and at a salary to be determined. This motion was carried unanimously.

The Committee on Public Relations introduced a resolution that each district medical society be urged to establish a Committee on the Indoctrination of New Members to develop and implement programs designed to increase the interest and participation of new members in district so-

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ciety affairs. This motion was carried. This type of Indoctrination Committee has existed in Hampden District for many years and is just being introduced in some of the other districts.

Dr. Jerome Pollack of Harvard Medical School gave a short talk to the Councillors at this point.

The Committee on Publications gave a lengthy report on the status of the New England Journal of Medicine. Following this, a rising vote of thanks was given to Dr. Garland in recognition of his outstanding service to the MMS and as the Editor of its Journal. Dr. Garland will retire as the Editor at his own request on July 1,. 1967.

The Committee on Maternal Welfare gave an infomational report.

The Committee on Arrangements indicated that the date for the next Annual Meeting will be May 23, 1968. This report was approved.

The Committee on Membership reported that 17 members were dropped for non-payment of dues, but none of these were from Hampden. The Committee recommended that all Fellows of the MMS shall not be required to pay further dues during their period of service in the Armed Forces of the U.S. This recommendation was approved.

Upon recommendation of the Committee on Hospital Relations, it was voted to support a Fellow of the MMS in his complaint against the Joseph P. Kennedy Memorial Hospital. A letter from a legal representative of the Hospital to the MMS indicated that the Hospital had a good reputation and that any assault on the reputation of the Hospital would be defended by all legal means. In spite of this, the Council voted to support the Fellow's complaint and condemned the action of the Board of Trustees. A letter to this effect is to be sent to the Massachusetts Hospital Association and the Joint Committee on Accreditation of Hospitals.

The Members' Insurance Committee Report was purely informational.

The Committee on Title XIX reported that the restriction which has prevented payment for physicians' service to welfare patients with approved residency programs has been removed. Furthermore, the Committee reported that the attitude of the MMS has been that welfare payments for physicians services under Title XIX should be on the same basis as those under Title XVIII and that the Society would not be bound to any fee schedule for welfare payments. They reported that the AMA was seeking to have some changes made in Title XIX. These would include direct payment by the patient of physicians' charges, with the patient receiving reimbursement from the Government. Moreover, there should be free choices of physicians and facilities; there should be usual and customary charges; insurance carriers should be encouraged in implementation of state programs; and Title XIX should provide for a Medical Advisory Council to the Secretary of H.E.W. The said Council should include a physician to represent the AMA. The Committee offered a resolution that

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the principles outlined by the AMA, summarized above, be approved and that the attempts to secure these changes in P.L. 89-97 be supported by the MMS. This resolution was carried. A second resolution was voted that the Officers of the Society be impowered to negotiate with the Commissioner of Public Welfare on a continuing basis to consider fees for physicians' services to welfare patients. Any action must be submitted to the Council prior to approval.

Members of the Blue Shield Board of Directors were approved as published.

The Executive Committee voted that the President be empowered to inform the Commissioner of Public Welfare that fees paid to physicians for patients under Title XIX be that established by the District Society as their prevailing fee schedule, and in the absence of such a schedule, fees of plan B of Blue Shield Schedule plus 30% might be acceptable. This recommendation was approved by the Council.

Tillman

OFFICERS OF THE MASS. MEDICAL SOCIETY

(1967 - 1968)

President	Donald A. Nickerson, Middlesex East
President-Elect	John W. Norcross, Charles River
Vice-President	Jacob H. Fine, Essex South
Secretary	Thomas Gephart, Suffolk
Treasurer	Eliot Hubbard, Jr., Middlesex South
Assistant Treasurer	Charles G. Shedd, Suffolk
Orator	Lamar Soutter, Suffolk

DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION

January 1, 1968 through December 31, 1969

John B. Butts, Worcester

Urban H. Eversole, Wellesley

Donald R. Hayes, Springfield

ALTERNATE DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION

January 1, 1968 through December 31, 1969

H. Thomas Ballantine, Boston

John W. Norcross, Wellesley

Nicholas S. Scarcello, Worcester

MMS ANNUAL MEETING

By

ALLEN S. JOHNSON, M.D.

The traditional agenda of the Annual Meeting of the MMS progressed without incident until the proposed amendments to the Bylaws were presented. The Society approved without controversy the following which are condensed for ready reference:

(1) Chapter I, Section 5 - that the granting of Senior Fellowship to all members aged 65 be automatic, thereby abolishing the need for individual application;

(2) Chapter V, Section 1 and Section 2a - that district society censors may process applicants from medical schools approved by the Committee on Membership at special meetings in order to avoid hardship in certain categories, and that the official journal shall publish as soon as practicable after approval by the district board of membership a list of all applicants.

Chapter IV, Section 2 which proposed to add the deans of the Mass. medical schools to the list of ex-officio councilors, was amended by Dr. David Rose so that all ex-officio councilors would be deprived of the right to vote. This would affect some 85 ex-officio councilors including most district society presidents and secretaries, past presidents of the MMS, the deans of the medical schools, the Editor of the New England Journal of Medicine, the President and the Director of Blue Shield, the Commissioners of Mental Health and of Public Health, and the chairmen of all standing committees unless the latter were also elected councilors. Even if this change should ultimately be decided to be valid, it is unreasonable to expect these men to serve the Council and the Society without the right to vote in the Council. This secondary amendment of Dr. Rose was ruled out of order by the President as contravening Chapter IX of the Bylaws as it had not been presented to and approved by the Council and had not been published and forwarded to each Fellow. The President's decision was appealed from the floor and overruled. There is serious doubt in the minds of many as to whether this really represented the wish of the Society since the meeting had been packed by carefully arranged busloads of dissidents from a small section of the State. The President's ruling has

(More on Page 10)

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since been upheld by the Society's legal adviser from Palmer, Dodge, Gardner, and Bradford, but the present status of the original amendment is not clear.

On page 3 of the Council Proceedings of Feb. 9, 1966, is a detailed legal opinion from Palmer, Dodge, Gardner, and Bradford on the respective functions and powers of the Council and the Fellows of the MMS. The MMS legal advisers concluded that the procedure previously followed of obtaining approval of the acts of the Council by the Fellows of the Society at their annual meeting was good policy but that such approval was not required and had no affect on the legality of the acts of the Council during the preceeding year since the delegation of authority to the Council in Section 1 of Chapter IV was valid under the Act of March 8, 1803.

This year, however, the routine motion to approve the actions of the Council was amended by Middlesex East to exclude the previous day's compromise amendment of the proposal to eliminate the service benefit concept from all Blue Shield contracts and as a basis of bargaining with the Mass. Welfare Department. This was ruled out of order by the President of the MMS on the grounds that under Section 1 of Chapter IV of the Bylaws there was a delegation by the Fellows to the Council of the power to transact the ordinary business of the Society and that the Fellows, acting independently, cannot initiate or determine the policy of the Society nor reverse a previously determined policy of the Council. Again a packed house over-ruled the President and then passed a resolution to replace

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the compromise amendment. This substitute amendment provided that only usual and customary fees be the basis of bargaining with the Mass. Welfare Department and that the service benefit principle of Blue Shield be abandoned. The MMS was further instructed to withdraw its support of Blue Shield until this amendment has been implemented. Subsequent opinion from the Society's legal adviser holds all of the foregoing actions to be invalid not only because they are in conflict with our Bylaws but also because they dictate policy and procedure to another corporation over which the Society has no direct control.

#

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HAMPDENITES APPOINTED

The following members of Hampden District have been appointed to serve on committees and boards of the MMS for 1967-1968.

Dr. Malcolm S. Allan
Sub-committee on Perinatal Welfare

Dr. Garry DeN. Hough, III
Committee on Medicine and Religion (Chairman)

Dr. Allen S. Johnson
Committee on Medical Charges Review Advisory Board

Dr. Alfonso A. Palermo
Committee on Benevolence

Dr. Norman A. Pokorny
Committee on School Health

Dr. Thomas F. Reilly
Committee on Public Health & Problems Relating to Individual Diseases
Committee on Joint Conference with Pharmacists

Dr. Howard N. Simpson
Committee on Medical Charges Review
Board of Trustees - Boston Medical Library

Dr. Kenneth W. Sinish
Committee on Maternal Welfare

Dr. John P. Sullivan
Committee on Blood Banks

Dr. Jerome A. Whitney
Committee on Mental Health (Chairman)

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President's Page

ANNUAL STATE MEETING

With a membership of over 8,000 physicians in Massachusetts, a little over 200 physicians only attended the annual meeting of the Massachusetts Medical Society in Boston last month.

Two significant events occurred at this meeting: one involved abrogation of the voting privileges of ex-officio members of the Council and the other involved abrogation of the service benefit fee schedules from all Blue Shield contracts and as a basis of bargaining with the Mass. Dept. of Public Welfare relative to reimbursement under Medicaid.

The legality of the method used to bring about these changes is still to be determined.

In the near future you will receive from the Secretary's office of the Massachusetts Medical Society pertinent data concerning these two events. I ask you to read this material over carefully and evaluate the same.

It has been suggested that the District Societies have a special meeting to poll the sentiment regarding the events that occurred at the State meeting. This I may do after sufficient time has been given to the membership to digest the material mailed out.

It is the expressed opinion of the new President, Dr. Donald A. Nickerson, that the members of the District be fully informed of these changes and that an opinion from each District be sent to Boston.

JOSEPH M. BAKER, M.D.

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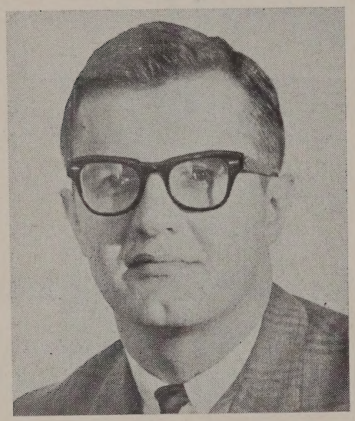


DONALD E. BOUCHARD, M.D.

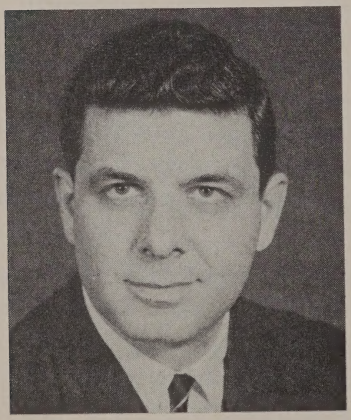
Office: 101 Pinehurst Road, Holyoke, Mass.
Born: Holyoke, Mass., November 29, 1932

Medical School:
University of Montreal
Montreal, Canada; 1963

Internship:
University of Montreal Hospitals
Montreal, Canada

Residency:
V.A. Hospital, New York, N.Y.
Allentown Hospital, Allentown, Pa.

Specialty:
Obstetrics & Gynecology



DOMINIC A. DELAURENTIS, M.D.

Office: Springfield Hospital
Born: Chieti, Italy; Feb. 2, 1925

Medical School:
Temple University School of Medicine
Philadelphia, Pa.; 1953

Internship:
Abington Memorial Hospital,
Abington, Pennsylvania

Residency:
Temple University Hospital,
Philadelphia, Pa.

Specialty:
General Surgery

JOHN EDWARD McHUGH, M.D.

Office: 36 Montgomery Ave., Holyoke, Mass.
Born: Holyoke, Mass.; Jan. 4, 1936

Medical School:
Tufts University
Boston, Mass.; 1962

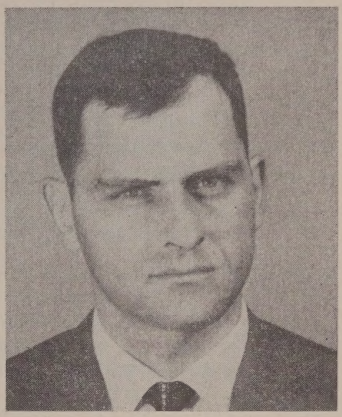
Internship:
Albany Medical Center Hospital,
Albany, New York

Residency:
Albany Medical Center Hospital,
Albany, N.Y.
Boston Veterans Administration Hospital,
Boston, Mass.
Boston City Hospital, Boston, Mass.

Specialty:
Internal Medicine and Chest Disease

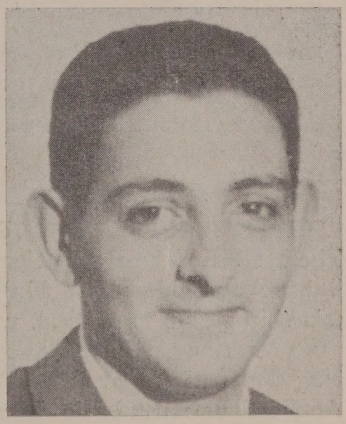
NEW MEMBERS . . . . .

GEORGE ALBERT PELLETIER, M.D.



Office: 780 Chestnut St., Springfield, Mass.
Born: Winchester, Mass.; December 15, 1932
Medical School:
University of Montreal
Montreal, Canada; 1964
Internship:
University of Montreal Hospitals,
Montreal, Canada
Residency:
Albany Medical Center, Albany, N.Y.
The Springfield Hospital
Specialty:
Pediatrics

PEDRO A. SILVA, M.D.



Office: 234 Carew St., Springfield, Mass.
Born: Lisbon, Portugal; March 15, 1934
Medical School:
Faculdade De Medicina Da Universidade
De Lisboa
Lisbon, Portugal
Internship:
Robert Packer Hospital, Sayre, Pa.
Residency:
Robert Packer Hospital, Sayre, Pa.
Wesson Maternity-Springfield Hospital,
Springfield, Mass.
Specialty:
Obstetrics & Genecology

ROSALIE M. STARODOJ, M.D.

Office: St. Vincent Hospital, Worcester, Mass.
Born: Ware, Mass.; March 20, 1922
Medical School:
Woman's Medical College of Pennsylvania
Phildalphia, Pa.; 1961
Intership:
Albany Medical Center, Albany, N.Y.
Residency:
E. J. Meyer Mem. Hospital, Buffalo, N.Y.
Hartford Hospital, Hartford, Conn.
Specialty:
Radiology

NEW MEMBERS

RICHARD C. HIRCHHORN, M.D.

Office: 159 Essex St., Holyoke, Mass.
Born: Brooklyn, N.Y., Jan. 10, 1933

Medical School:
Harvard Medical School
Boston, Mass.; 1958

Internship:
University Hospitals,
Western Reserve Medical School,
Cleveland, Ohio
Veterans Administration Hospital,
Boston, Mass.
Massachusetts General Hospital, Boston, Mass.

Specialty:
Urology

ANN M. HIRSCHHORN, M.D.

Office: 159 Essex St., Holyoke, Mass.
Born: Brooklyn, N.Y., July 22, 1933

Medical School:
Harvard Medical School
Boston, Mass.; 1959

Internship:
Buffalo General Hospital, Buffalo, N.Y.

Residency:
The Children's Medical Center, Boston, Mass.
Boston City Hospital, Boston, Mass.

Specialty:
Neurology

SCHOLARSHIPS AVAILABLE

The HDMS Scholarship Committee will have available about $1,000 for scholarship grants to medical, nursing, pharmacy, or any paramedical students during the coming year.

Applications must be in Mrs. Purdy's hands at the Society's headquarters prior to Sept. 1, 1967.

EXECUTIVE COMMITTEE

(Highlights)

The Executive Committee held its May meeting on the 23rd in the Conference Room of the Society. Present were Drs. Baker, Griffin, Moore, Wiedman, Anton, Barnes, Stoler, Mozden, Hough, Nero, Beauchamp, Jr., and Mrs. Purdy.

The meeting was called to order at 8:00 P.M. by President Baker.

The minutes of the April meeting were read by Dr. Griffin and approved as read.

Correspondence

A letter from Dr. Ayres in which he suggested that Dr. Stebbins be appointed as an Associate Editor of the *Hampden Hippocrat* was read. The appointment was approved by the Committee.

A letter from Dr. Witkin of H.E.W. was read. He requested a copy of the *Hampden Hippocrat* in which his letter was published.

A letter in answer to a letter from Springfield Welfare Dept. was read as informational. Included in this letter was the current fee schedule for physician services; it was agreed by the Committee to circulate this fee

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schedule to all members.

Dr. John Sullivan, former Chairman of the Malpractice and Medico-Legal Affairs Committee, recommended further dialogue between lawyers and physicians suggesting a definite agenda for meetings in the future. This letter was referred to Dr. Bloniarz, present Chairman.

Committee Reports

The financial report of the *Hampden Hippocrat* was accepted as read by the Committee.

A report from Dr. Sears, Chairman of the Public Health Committee, summarizing the Committee's opinion on the Neighborhood Health Center at the Riverview Housing Project was considered by the Executive Committee. The Committee agreed with the report and a letter will be written to the University of Massachusetts School of Nursing by the Secretary.

Mrs. Purdy gave a report of the office.

New Business

Dr. Baker gave a report of the Annual Meeting of the Massachusets Medical Society. More information will be sent out to all members of the Massachusetts Medical Society as soon as legal counsel has given a report. This may mean a special meeting of the Hampden District Medical Society.

Speakers for District meetings for the next season were disucssed as well as sites for these meetings. The Committee voted to have Dr. Baker, Dr. Griffin and Mrs. Purdy make all arrangements.

Dr. Baker appointed Dr. Emanuel Wiedman as an alternate for the P.R. Committee and Dr. Walter Mozden as an alternate for the Legislative Committee. This was approved.

The Board of Editors of the *Hamp-Hippocrat* for the year 1967-68 was approved by the Executive Committee.

Dr. Mozden resigned as Chairman of the Medical Advisory Board Committee.

The meeting was adjourned at 9:00 P.M.

The Committee then reconvened as the Grievance Committee and heard five cases. The Grievance Committee adjourned at 9:25 P.M.

#

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—Plutarch

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INSTITUTIONALIZATION OF MEDICAL CARE

That the character of the practice of medicine is rapidly changing is very apparent. To the degree that the change is the result of the rapid extension of the frontiers of our medical knowledge, this change is as it should be. To the extent that medical practice is becoming more institutionalized, physicians must take a hard look at the trend, not necessarily with disapproval but with interest and concern regarding the problems involved.

The physician of a generation ago was a rugged individualist. He treated his patients in his office, at the patient's home, or in the hospital as his best judgment dictated. His only guide lines were his professional knowledge coupled with his conscientious desire to heal. The quality of care varied with these factors. In an effort to upgrade hospital care at least, The American College of Surgeons began to standardize medical staff organization in the early 1920's. Physicians became increasingly involved in hospital staff committees, organizational activities, staff meetings, and the inevitable rules and regulations. To the extent that he participated in the formulation of these rules and regulations, this was all to the good, but he was no longer the "rugged individualist."

The rapid advances in the medical sciences, the more complex diagnostic methods, the newer chemical and electronic discoveries, including such needs as monitoring the cardiac patients for example, the greater the need for more elaborate equipment in the laboratory and in treatment, and, of course, the great need for continuing medical education made the doctor more and more dependent on the hospital. It became increasingly apparent that no one man could digest this vast knowledge, and the need for dividing these medical skills among the specialties increased. More recently, there is an increasing trend toward full time physicians on hospital staffs, and it is essential that a good working relationship with private practitioners be maintained.

The growth of voluntary health insurance has increased this trend toward more hospital based medical practice. In that patients continue to have free choice of physicians and the doctor-patient personal relationship is preserved, this trend is laudatory. The increasing cost of medical care, of

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which hospital costs have been the greatest factor, has imposed an economic burden on patients that necessitates the need for budgeting for medical care through pre-payment plans.

The increasing intervention of government in medical care, with its inherent dangers of bureaucratic control, high cost, encouragement of excessive use of medical facilities by many to the detriment of the quality of medical care in general is a very undesirable trend. Yet, this trend is on the increase and is the greatest factor in increasing institutional medical care.

The physician must concern himself more and more with hospital organization and with the greater demand on his time that is entailed. He will find medical practice more and more standardized with more routines in the use of drugs, pre- and post- operative orders, laboratory usage, more supervision, and more review of diagnostic and treatment procedures. This can mean a higher quality of medical care if physicians actively participate in organizational activities, or it can be deleterious if complacency or disinterest results in rules being imposed upon him by an authoritative hospital hierarchy.

To the general public, hospital based medical care can well mean a better quality of care, given adequate staff personnel, including paramedical and technical personnel. However, increased institutional care means higher costs, and therefore, the growth of hospital facilities may not be able to keep up with the growing demand for these services. Hospital organization activities will require more and more of the physician's time as the practice of medicine enters this new era.

Times are changing, and it is up to the physician to maintain a knowledge and control of the entire situation. There is definitely a price in time, money, and regimentation to be paid for this new trend in institutional medical care. If the physician retains the key role on the health team, this price of institutional care could very well be worth the cost.

Tillman

The bad you hear about a man may not be true, but when people say something good about him you can bet on it.

—Robert Quillen

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B. B. Alicandri, M.D.	1972		

ACADEMY

The next meeting of the
SPRINGFIELD ACADEMY OF MEDICINE
will be held on
TUESDAY, SEPTEMBER 12, at 8:30 P.M.

SPEAKER: **MARK A. HAYES, M.D.**
Department of Surgery
YALE UNIVERSITY

TOPIC: **"AN EXAMINATION OF THE THYROID NODULE VS. THYROID CANCER PROBLEM"**

PLACE: **Auditorium, Municipal Hospital, Springfield**

CLINIC: **Wesson Memorial Hospital, 5:00 P.M.**

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IN MEMORIAM

LEONARD E. ANDERSON, M.D.

Dr. Leonard E. Anderson of 173 Farmington Rd., Longmeadow, died in The Springfield Hospital on May 2, 1967.

Born in Port Huron, Michigan, on December 24, 1905, he received his doctorate in medicine from the University of Michigan Medical School in 1930. After serving his internship at the Medical Center in Jersey City, N.J., and a residency at the Maybury Sanatorium in Northville, Michigan. Dr. Anderson went to Philadelphia in 1933 to serve as an instructor in dermatology at the University of Pennsylvania Hospital and to engage in private practice. In 1938, he came to Springfield, where he practiced his specialty of dermatology until his demise.

Dr. Anderson served on the staffs of The Springfield Hospital, the Wesson Memorial Hospital, and the Wesson Maternity Hospital; moreover, he was a consultant in dermatology to the Holyoke Hospital, Noble Hospital, and the Shriners Hospital. He was a diplomate of the American Board of Dermatology and a fellow of the American Academy of Dermatology. He was a member of the A.M.A., the Atlantic Dermatology Society, the New England Dermatology Society, the M.M.S., the H.D.M.S., and the Springfield Academy of Medicine.

Deepest sympathy is hereby extended to his family and to his many friends and associates.

THOMAS E. SHEA, M.D.

Dr. Thomas E. Shea of 346 Pleasant St., Holyoke, died in the Providence Hospital on May 15, 1967.

Born in Holyoke, Mass., on December 22, 1894, Dr. Shea received his pre-medical training at the University of Michigan and was graduated from the College of Physicians and Surgeons at Columbia University, New York, in 1920. Upon completion of his internship at the Newark City Hospital, N.J., in 1922, he came back to his native city of Holyoke, where he engaged in the private practice of medicine and surgery until his demise.

Dr. Shea was on the medical staff of the Providence Hospital for many years as well as on the staff of the Holyoke Hospital. He was a fellow of the American College of Surgeons and a member of the A.M.A., M.M.S., and the H.D.M.S.

To his family, his many friends, and associates deepest sympathy is hereby extended.

HAMPDEN CAPSULES

Dr. Helen Harmand spoke at the Annual Meeting of the Hampden County TB and Public Health Association.

Dr. Howard Turner spoke at the Holyoke TB Association Annual Dinner.

Dr. Walter Tauber used the movies "Quarter Million Teenagers" and "Human Growth" in a talk at Kodimoh on Sunday, May 14.

Dr. Roland Stebbins used "Human Growth" to speak on Sunday, May 28.

Westover Air Force Base has been utilizing all three films to show to PTA's and boys going to Vietnam.

— —

Dr. McEwen has organized a committee to plan the 25th reunion of his class from Springfield College. Dr. Emery is working on this committee with him.

Dr. Visconti was elected President of Rotary Club of West Springfield.

Dr. Howard Turner was elected President of Hampden County TB and Public Health Association.

Dr. Harry Roberts was honored by the Longmeadow School system for his many years of work there.

— —

The Annual Memorial Lecture of the Maimonides Medical Club was held on May 24, 1967. Following a dinner to which the wives of members were invited, Rabbi Hirsch Cohen, Director of the Hillel Foundation at the University of Connecticut addressed the group. His subject was "The Teenager, The Rabbi and The Doctor." Presiding over the meeting was Dr. Irving Steinberg, President.

COMING EVENTS

HDMS FALL MEETING, SEPTEMBER 26

HDMS EXECUTIVE COMMITTEE MEETING, SEPT. 19

MMS COUNCIL MEETING, BOSTON, OCTOBER 11

AMERICAN COLLEGE OF SURGEONS, CHICAGO, ILL., OCT. 2 - 6

AMERICAN HEART ASSOCIATION, SAN FRANCISCO, CALIF., OCT. 20 - 24

AMERICAN ACADEMY OF PEDIATRICS, WASHINGTON, D.C., OCT. 21 - 26

AMA CLINICAL MEETING, HOUSTON, TEXAS, NOV. 26 - 29

CORRESPONDENCE

Florence Nightingale — Other Side of the Coin

To the Editor:

This letter is being written hopefully to clarify some of the misunderstanding of the position on education taken by the nursing profession. It is also hoped that it will give you the other side of the points brought to your attention by Dr. Zacarian in the February, 1967, issue of *The Hampden Hippocrat.*

Having just completed seven years as Chairman of the Health Careers Committee of the Woman's Auxiliary to the HDMS, I would say that recruiting high school students into nursing is a far greater problem than the type of educational program the students choose to enter. Both guidance directors and students alike admit that nursing is not an attractive profession. They ask why spend all that time and money in becoming a nurse when you earn little or nothing when you graduate. You have to work weekends, evenings, holidays, etc. You even take chances on your own health. These youngsters openly state that nursing is not a status profession.

The profession of nursing, like the medical profession, speaks through its professional organization, namely, the American Nurses Association, whose function it is to enunciate standards of nursing education and to implement same through appropriate channels. Moreover, the A.N.A. as an association of professionals not only has the right but the obligation to speak on nursing and for the nurses. With the aforesaid in mind, the House of Delegates of the A.N.A. — a most democratic body — adopted its current position on education for the profession. The intent was not just "to raise the status of the nursing profession" but to provide a more competent practioner in keeping with the demands of today's burgeoning explosion of medical konwledge. Moreover, the A.N.A. from the beginning urged an orderly transfer with no time deadlines and with sound regional planning before the phasing out of any diploma schools.

Contrary of Dr. Zacarian's article, I would suggest a study in depth of two year programs in all 49 states as well as a restudy of New York State rather than to accept one individual's quoted reactions. Secondly, the relatively high percentage of collegiate nurses entering public health can be ascribed to better working conditions and better pay. Thirdly, the development of highly trained nursing technicians need not be looked down upon, for technicians in the various facets of medicine have so favorably proven them-

(More on Page 26)

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COMPLIMENTS
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selves that more and more categories are being developed. Lastly, the A.N.A. and the A.M.A. have been carrying on dialogues for the past few years, and increasingly more tax funds are being made available by various levels of government to subsidize nursing students.

I would offer the following suggestions to the medical profession:

1. Recognize nurses as an independent profession;
2. Seek out the nurse leadership and join as a liaison group to help solve the problems facing both professions;
3. Ask on occasion nurses to speak to your organizations;
4. Support nurses in their endeavors to improve their working conditions;
5. Encourage the election of nurses to the governing boards of hospitals so as to benefit from their experience and knowledge;
6. Participate actively in the recruitment of nurses making the public as aware of the nurse shortage as it is of the teacher;
7. Support the nursing profession in legislative circles, the hospital, and the community.

It is my sincere belief that until the medical profession can face up to the fact that nurses and nursing have grown up, it will continue to hold back progress. It is clear that both professions are concerned for the well being of patients placed in their care. A united effort of nursing and medicine cannot help but improve patient care.

Mrs. Stephen A. Mahoney, II
Chairman, Health Careers Committee
Woman's Auxiliary to the HDMS

Reply From The Top

To the Editor:

The editorial "Room at the Top" in *The Hampden Hippocrat* has been read by me and Mr. Spencer and we accept the challenge to offer more suggestions, and in fact would appreciate the opportunity to meet informally with members of your Executive Committee to discuss frankly and in detail mutual problems — local and statewide.

Everett tells me that the *Proceedings* over the years present suggestions to district societies, but that Hampden has always been one step ahead of the state society in the programs it has implemented.

We hope that at no time will we be accused of being "dictatorial" — which we really cannot be under our

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committee-type organization.

Your suggestion of having the *Newsletter* serve as a "clearing house" for all statewide activities is a good one. Headquarters in the past has not been informed of district activities — in fact, we are not even advised in advance of the dates of district society meetings. I am personally taking on the project of developing better communications between this office and those of 21 district secretaries.

You are right in stating the "22 The Fenway will more than welcome the suggestions embodied in the above paragraphs."

Sincerely yours,
Thomas Gephart, M.D.
Secretary, Mass. Medical Society

(Editor's Note: The above was referred to the author of "Room at the Top," Dr. M. Millman, who expressed great satisfaction with Dr. Gephart's response.)

To the Editor:

I was delighted to learn that *The Hampden Hippocrat* is celebrating 25 years of publication. I well recall the inception of the magazine for the late Bill Chapin discussed this with me. We receive many county publications and *The Hampden Hippocrat* is one of the best to reach my desk.

The lead editorial in the May, 1967, issue by Max Millman, M.D., is most constructive. The suggestion that rapport between district societies and the Massachusetts Medical Society be improved is one which I wholly support.

Cordially
Carl Bearse, M.D.
Editor, *Massachusetts Physician*

A Salute to the Hospital

"Within these gray walls Life begins and ends,
Here, in this harbor, worn, sea-weary ships
Drop anchor, as the fading sun descends,
And new-launched vessels start their outbound trips."

Dr. E. O. Laughlin
(1867)

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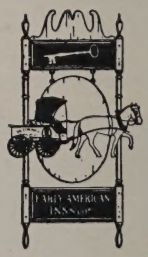

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